

STORMWATER DISCHARGE OUTFALL (SDO) ANNUAL SUMMARY DATA MONITORING REPORT (DMR) Calendar Year

General Permit No. NCG190000

Certificate of Coverage No. NCG19

This monitoring report summary of the calendar year should be kept on file on-site with the facility SPPP.

Facility Name: _____

County: _____

Phone Number: (____)_____

Total No. of SDOs monitored: _____

Outfall No.: _____

Is this outfall currently in Tier 2 (monitored monthly)? Yes ☐ No ☐

Was this outfall ever in Tier 2 (monitored monthly) during the past year? Yes ☐ No ☐

If this outfall was in Tier 2 last year, why was monthly monitoring discontinued?

Enough consecutive samples below benchmarks to decrease frequency ☐

Received approval from DEMLR to reduce monitoring frequency ☐

Other _____ ☐

[illegible]

Additional Outfall Attachment

Outfall No. _____

Is this outfall currently in Tier 2 (monitored monthly)? Yes ☐ No ☐

Was this outfall ever in Tier 2 (monitored monthly) during the past year? Yes ☐ No ☐

If this outfall was in Tier 2 last year, why was monthly monitoring discontinued?

Enough consecutive samples below benchmarks to decrease frequency ☐

Received approval from DWQ to reduce monitoring frequency ☐

Other _____ ☐

[illegible]

"I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

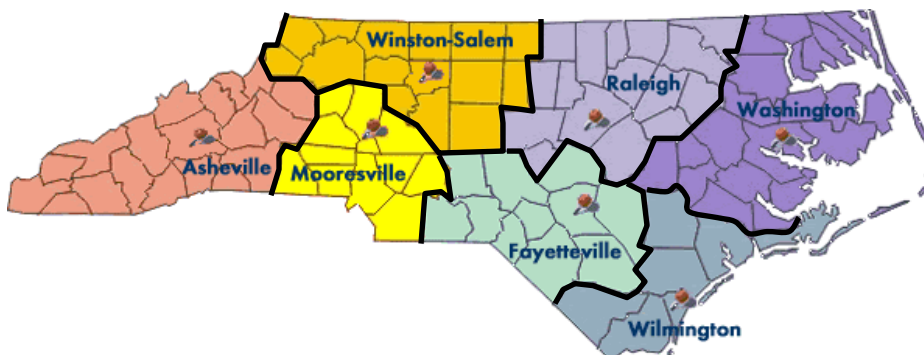
Signature _____

Date _____

Mail Annual DMR Summary Reports to:

DEMLR Regional Office Contact Information:

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